The Times and Register.

VOL. XXVII. No. 4. PHILADELPHIA, JANUARY 27, 1893. WHOLE No. 803.

Original.

FRACTURA OSSIS HYOIDEI.

BY C. B. CAMPBELL, PH. D., WASHINGTON, D. C.

On December 8, 1893, Mr. ——, a medical student, while in the laboratory was leaning over the desk of a fellow-student, who was seated much below him, upon a low stool. Out of fun the latter reached up and grabbed him with his right hand upon the neck, between the lower angle of the jaw and the thyroid cartilage, over the region of the os hyoides. His right thumb being over the great cornu on right side, and index finger over the left. Quick lateral compression was exerted, considerable force being used.

Immediately something was felt to give way, at the same time a very perceptible sound was heard. From that moment swallowing became slightly embarrassed. Nothing was thought of the accident until the next day. Then the symptoms were more marked, viz.: dysphagia, slight pain upon talking, or laughing; hoarseness, slight cough. Twenty hours after accident, slight hemorrhage from fauces. Two days after slight swelling and soreness.

At this time it was examined by three physicians and pronounced fracture of great cornu of hyoid bone. The fracture was near the body and pursued an oblique course from within outward.

PHYSICAL SIGNS.

Mobility of fragment; pressure over this region, during deglutition, elicited a feeling similar to a fish pulling upon a line. The fragment was drawn slightly upward and inward. Crepitus could be felt. Slight swelling was present.

TREATMENT.

Rest, confinement to house; talking, especially loud, was prohibited. Warned against exposure to cold. Liquid diet was also ordered.

The patient did not carry out any of these instructions. His condition remained the same during the first week, During this period he suffered but little inconvenience from the accident.

At the end of the first week physical examination failed to elicit crepitus. A slightly increased mobility could be made out by comparison with the great cornu of the opposite side. Judging from this, it was evident that fibrous union had taken place. After the eighth day the symptoms gradually disappeared. By the end of the third week no symptoms were present, and by physical examination no abnormal condition could be made out. Bony union was complete, leaving no discernible deformity.

This is a very rare fracture. In looking up this subject I could find but 25 cases recorded. Dr. A. F. Sawyer, of San Francisco, says: "Fracture of the tongue bone is a rare accident." The great cornu was broken in all the cases except in a few cases in which great force was used, as in hanging; thus producing fracture of the body. Only nine cases are recorded due to lateral compression or throttling. Other causes are direct violence, falls upon jaw and neck, and muscular action.

Dr. Frank M. Hamilton says: "Generally displacement inwards has been so complete that crepitus could not be detected, and but few instances are mentioned where it could be demonstrated." In this case crepitus could be made out with but little difficulty.

"Prognosis is good." Fatal edema of the glottis is to be feared, as is laid down in the text books. In the recorded cases only one died from that cause—making less than 1 per cent. mortality.

I present this case on account of its rarety, the easily recognizable symptoms of fracture, the little pain and inconvenience experienced by the patient, and its final union and good result without any treatment whatever.

APOMORPHINE IN THE TREATMENT OF HYSTERIA.

BY O. H. ROSSER, M. D., RENOVO, PA.

There is no condition met by the physician that should call forth from him sympathy and pity like hysteria, yet, after we meet it, if we show the sympathy that might be expected, or that would be right, we would only add fuel to an already burning flame.

It is a condition above all others in which sympathy is contraindicated; then, too, after we have seen several cases of this complaint, we are soon brought out from a feeling of pity to one of disgust.

The late Professor Wallace, when speaking of hysteria, said: "The best definition of the word or disease would be 'The Devil,'" and we must agree with him.

We must not fail to appreciate that the cause of this affection, in many cases, is in reality some pathological condition, and depends on a morbid process.

This must be attended and treated properly; but how often when all causes seem to be removed, and all the body is in a healthy condition, the symptoms still linger. It is in these cases where there are no apparent causes that we would advocate the use of muriate of apomorphia.

I will cite two cases of this kind, and in them show what the results were:

Case 1. Miss V., aged 32 years, was taken violently ill one night in 1891 about 11 o'clock.

Her room-mate sent for me I found her in a condition that would frighten almost anyone. She was very delirious, and was roving. Naturally of a very retiring disposition, she seemed to have no thought other than to make the greatest exposure of herself; tearing her clothes from her person as fast as they could be replaced.

She had taken about 6 ounces of whisky during the previous hour, which did not improve her nervous condition.

I gave her morph. sulph. gr. ¼ hypodermically, without any effect, and one hour afterward gave her 1-10 grain apomorphia subcutaneously.

This produced severe vomiting and emptied the stomach of water and whisky. Shortly afterward she fell asleep, and woke in the morning all right and feeling very well.

About one year afterward I was again called to her, and found her in the same condition as before. All that was necessary was to make preparation to use the syringe, when she said: "Doctor, wait a moment: I think I am better;" and she was better. She has had no return of the trouble.

Case No. 2, Mrs. S., a young woman, aged 19 years, lately married, rather unhappily, was taken ill one Saturday afternoon. I was hastily called and on entering the room was met by her mother, who said: "Doctor, she has neuralgia of the heart."

I found no indication of that trouble except a pain in the left epigastric region. This lady had been taking about six grains morphia daily, and expected a hypodermic injection of the drug to relieve the pain, but an injection of pure water answered the purpose, and she was better.

The next day she developed marked hysterical symptoms. She was very joyous and very hilarious. I gave her apormophine, grain 1-10, subcutaneously, which produced decidedly good results. She was in good condition for two days, when another attack occurred. I again used my syringe with another 1-10 grain of apomorphia, and she has had no further attack.

In this case the patient thinks I used morphia, and she is very much afraid of it now. So it answered a twofold purpose—broke up the hysteria and also the morphine habit.

In both of the above cases, as well as several others I have treated in the same manner, the use of apomorphine has acted very nicely indeed. I do not claim any priority in its use, for it is recommended by several authors, but I used it before seeing any authority on the subject.

Any drug or treatment that will relieve our patients is certainly to be commended. It is necessary also to use considerable moral influence, and under no circumstances to allow your patient to think you are making them sick. I try to teach them that their own actions have brought the trouble on; that it is the result of their own nervous condition.

If they have been taking morphine I tell them I am giving them that drug, and often, as in the second case, it acts very beneficially.

So, then, I can heartily recommend this drug, and feel that almost any attack of violent hysteria can be broken up by its use. We should use caution where systemic disease precludes its use.

SENATOR ON ATROPHIA AND HYPERTROPHIC CIRRHOSIS OF THE LIVER.

Translated from Belr. Klin. Woch. 1, by Adolph Meyer, M. D., Chicago, Ill.

Laennec (1819) described, in a man suffering from pleurisy and ascites, a disease of the liver which he called cirrhosis on account of the yellow color of the organ.

Bright (1827) was the first to describe the cirrhosis as an obstruction of the portal vein and its branches, causing ascites; the liver may sometimes be enlarged, but generally goes over into the so-called granular atrophy.

The discoveries in histology showed that it was a process of proliferation of the interstitial connective tissue of Glisson's capsule, accompanying the branches of the portal vein, which, finally, goes over into a cicatricial shrinkage. This produces the decrease of the liver and its uneven surface, and explains the swelling of the spleen, the distention of the veins and the ascites. But, from time to time, cases were described in which the liver was and remained enlarged, cases with jaundice and without ascites.

Todd described this as a special form (1857), but was not recognized.

Hanot (1876) and Charcot (1876), however, took up the distinction and the latter pointed out that, beside a rare form in hereditary syphilis, there was:

1. A granular atrophy (generally called Laennec's) with ascites and without jaundice.

2. A form which started from the biliary system (biliary cirrhosis), causing jaundice, but no ascites, leading to hypertrophy. This form could be produced by continued occlusion of the gall duct.

Finally, Dieulafoy added a mixed form which would agree in its symptoms with the granular atrophy, but have a rather large liver on account of secondary fatty infiltration.

All the chemical varieties can be traced back to variations in the following four points:

1. The size of the liver.

2. The presence or absence of jaundice.

3. The presence or absence of ascites and other signs of stagnation in the region of the portal vein (extension of veins), of the abdominal skin and of the intestine.

4. The presence or absence of the swelling of the spleen, which is to be separated from the other signs of stagnation for reasons mentioned below.

1. The size of the liver depends on the amount and the quality of the new-formed connective tissue and on the condition of the liver parenchyma. Shrinkage of the connective tissue and destruction of liver cells will produce decrease; as shown in the common portal cirrhosis (granular atrophy). Where the liver cells remain all, or nearly all intact and where the connective tissue does not have a tendency to shrinkage, we find the hypertrophic form of Hanot, in which the branches of the portal vein do not show any constriction. (Hence the absence of ascites.)

The granular atrophy may imitate somewhat the latter form as far as the size of the liver is concerned; fatty infiltration or amyloid degeneration may compensate the atrophy and simulate a hypertrophy.

2. The presence of jaundice depends on the action of the cells and on the free passage of the bile. If there is occlusion of the bile-duct the bile passes over into the lymphatic system (Vaughan Harley), and through the thoracic duct into the blood. This explains the absence of jaundice in the ordinary granular (portal) atrophy; many liver cells are early destroyed, and the lymphatic vessels are rather occluded—whereas the biliary canals remain open; there is even a new formation of biliary canaliculi.

If, however, biliary canals are occluded accidentally, or if there is a gastro-intestinal catarrh, we may find Laennec's cirrhosis complicated with jaundice.

In Hanot's hypertrophic form the liver cells are normal, or even hypertrophic. The stagnation of the bile seems to be due to inflammation (connective tissue growth) round the middle-sized biliary canaliculi (angiocholitis and periangiocholitis of uncertain etiology).

3. The ascites and the dilatation of the veins of the abdominal skin and the gastro-intestinal canal are due to stagnation in the portal vein, and in a chronic periphlebitis of the mesenteric veins, which regularly accompanies Laennec's cirrhosis. The veins of the spleen and of the stomach seem to have a more independent character.

4. The swelling of the spleen is scarcely due to stagnation of the portal vein

alone, as it appears frequently very early, and in cases where there is no stagnation. The latter is, of course, sometimes an important cause; but it seems the same causes that act on the liver act at the same time on the spleen as well (chronic alcoholism, syphilis, malaria, waxy degeneration, etc.).

On the ground of considerations based on such an analysis, Senator classifies his cases in the following way:

1. Laennec's portal granular atrophy of the liver: atrophy of liver, with uneven surface; ascites; periphlebitis of the portal vein; tumor of spleen; no icterus.

A variety of this form may show hypertrophy of the liver—the rare cases where the fatty infiltration causes swelling.

Another variety would be those cases in which jaundice occurs, due to more accidental obstruction of the biliary duct (inflammation or gastro-intestinal catarrh).

2. Biliary cirrhosis with consecutive atrophy. This form would originate from and be characterized by chronic obstruction of the biliary duct by stones, etc. It is not counted among the real forms of cirrhosis by many authors: but undoubtedly may lead to cirrhosis. This form may be associated with swelling of the spleen (cause doubtful). This second group is more frequent in females, as chlolithiasis is more frequent in women.

3. Hanot's hypertrophic cirrhosis with icterus.

Still, there will remain a small number of cases that will only be classified as chronic interstitial hepatitis, with or without chronic splenitis—cases that do not belong strictly into any of the three classes mentioned.

With regard to the prognosis, Senator finds only a number of cases in the record group amenable to cure—those cases which are due to obstruction by calculi. In all cases it seems that swelling of the spleen is a rather unfavorable symptom.

Treatment.—Semmola saw cure of the first form through continued milk diet. Senator found it very difficult to confine his patients to absolute milk diet for a few weeks only. The action of iodide of potash is somewhat problematic. Senator makes an early puncture of the ascites and uses calomel with digitalis.

R Calomel.
Digitalis, aa ..... 0|1 grm.
M.—Ft. in capsulis uno.
Sig.—Three times a day.

After 10 doses he makes a prolonged pause and then takes the same cure up again if necessary.

In the biliary forms (group 2 and 3) Senator likes high infusions of oil (1 liter with a little water and soap) or of solutions of salicylate of sodium (1-2: 500), or benzoate of sodium (2-4: 500), with frequent massage of the liver, and occasional administration of laxatives (calomel, podophyllin). Warm prolonged baths (with massage), Carlsbad cures and proper diet seem to have a good influence on the secretion of the bile.

THE PHILOSOPHY OF MAN.*

BY JAMES E. GARRETSON, A. M., M. D.

(Continued from last number.)

Prestigiation is alluded to with view to guard against confusions and deceptions lying closely mixed up with use of the Egoistic sense. Did Samuel hear a voice? Did Saul see Samuel? Regarding the latter the story is told after a manner which exposes the credulity of the King to a great strain. It is not affirmed that he saw save throug the eyes of the witch. What he heard, however, whether through witches' ears or his own, proved an overwhelming truth if the Biblical history is accepted.

Ridicule has attached itself to many persons, strong-minded enough as to ordinary affairs, who persist in affirming as to voices and visions heard and seen by them. Is there difference here with the Biblical recitals? Denying the former, I would as certainly question the latter. To measure any of these things properly, Egoistic sense to be possessed or understood, while to possess or understand it nothing more wonderful is needed than to be poet, musician or inventor, or, to understand the meaning of poet, musician or inventor.

The son of one of our university professors, himself a man of profound learning, assured me with a solemnity of speech begotten of so impressive an experience, that it was not uncommon to

*Synopsis of lecture delivered before the Garretsonian Society, January 1, 1894.

find two of his children, long dead, seated upon his knees. Is this to be laughed at? Let the transfiguration scene recorded in Mark 9 be recalled. While its converse, is not this one with what is recited of the professor's son's experience?

But are sights like these instanced, and a great multitude of similar significance lying with sacred and secular history, to be accepted otherwise than as subjectives? I am confident that were I seated with the professor's son at the times of his visitations nothing would be seen by me of any children. On the other hand I am to recall an experience where, being seated in the sick chamber of a medium and having my mind on nothing but a prescription for her relief, which I was trying to evolve, there suddenly shone upon four bolt-heads of a white and bowed window shutter, upon which I was unconsciously looking, four of the most wondrously beautiful faces I had ever beheld. while, do what I would in the way of rubbing eyes and making changes in position, I could not dispel the vision or get back into sight the bolt-heads. Were I a painter to have caught and kept these faces upon canvas; otherwise put, could I have materialized the forms seen, I am impressed that a revolution as to conception of human beauty would have dated from that hour.

The sight of vinegar eels is one with prestigiation to a common-sense man, and is as truly this, yet neither less nor more so than is a transfiguration scene witnessed by apostles or the sight of an angel, as described by Mary Magdalene. Sight is according to ability to see; vinegar eels, being opaque bodies, are within the capability of educated sense. Forms that are unfilled with matter, being transparent, are not seeable by eyes fitted alone to dealing with the opaque.

Recitals of visions and dreams constitute almost wholly inspirational givings forth, as met with in the Bible. Dealing is with what relates with the dealing, namely: with egoistic sense. This is put by Paracelsus: "A woodcarver sees a beautiful image imprisoned in a log of wood, which has been sold him by a wood-chopper for a groat. Cutting into this log, a form is found liberated almost too costly for price to buy." Cuttings made by choppers discover alone cord wood and sticks.

Is Parcelsus' putting to be denied as to its truthfulness? And is what is seen of a wood carver's "images not exactly one with the inventor's materializations? Is not the same as to sight by the professor's son, by apostles, and by Mary Magdalene?

Is the existence of Plato's forms to be denied if the images of wood carvers be accepted? Is it in any high sense an argument for the denial of the existence of forms that they may not be shown to non-egoistic sense through materialization?

Consider here a half-way state found lying with all save the purely brutal kind of persons. Are not all of us in possession of half-way ideas which we feel, but which we can bring to nothing? Are not all of us half-way poets, half-way musicians, half-way inventors? Do we not dream mixed-up dreams and behold muddled visions?

Here, with permission, I will recall a few lines from the book, "Nineteenth Century Sense." It is not thought wonderful that the face of a person or other apparently objective sight comes before a looker as he gazes on burning coals, or at a cloud-spread sky. Everybody meets such sights occasionally. A sensitive egoistically sees them, let his eyes be turned where they may.

Sensitives, it is to be recalled, are not sensitive alike to all things; hence reference to difference, as found with poet, musician, architect, philosopher. Things seen in glowing coals, in fields, in the waters of flowing streams, in upturned clay banks, accord with what is the sensitivity of the beholder.

Visions are not necessarily of association with things, or a thing, outside of the natural, but are in a law perceivable and enjoyable by him who is able to perceive and enjoy. A sitter by the side of a sensitive sees the pictures in the coals only as they are pointed out to him, or, being unsensitive, does not see them at all.

Relation of coal pictures and sky pictures are with internal and not with external. Here is paradox, but not obscurity. Internal is as natural as is external, only its dealings are different. Internal deals with unfilled forms; external, in order to have dealings with forms, must find them stuffed with matter; parallelism lies with non-microscopic and microscopic sight.

Things imagined and things material are of similar import, both existences

being in the user and being nowhere else. Surely this is not to be disputed by any who have studied with our class the phantasmal characteristics of so-called objective existences. Tangible is form materialized; this whether as to poems of poets, to scores of musicians, to models of inventors, or, using Plato's illustration, the bedstead of a bedstead maker. Paradox shows the imaginary things to be the real things, while science, familiar with the law of co-relation, shows the so-called real things to be little else than shadows.

Let here a question from the same book be introduced, treating of what are seen and heard in dreams. Because few people are egoistic to an extent of independency of ordinary means of instrumentation, brain is always attempted to be used by Ego in its excursionings during sleep-conditions, the sleep affecting the brain, but not the Ego; hence confusions—things being heard strangely and confusedly by the ears, seen strangely and confusedly by the eyes, touched, tasted and smelled strangely and confusedly by the other half-asleep organs of sense. The ordinary, or confused, dream never occurs when perfect sleep exists. A cerebrum put sound asleep dismisses instantly the hallucinations of a mania-a-potuist; this for the reason that egoistic activity, as here existing, is at once rid of perversions lying with instrument. Sound sleep on the part of an ordinary man means stillness of Ego by reason of absence of organs; illustration lies with a broken-legged man who ceases to walk out of fault of his limbs.

The ordinary dream has its crudities explainable in imperfect instrumentation. A brain half asleep is likable to a piano out of tune. With neither instrument is capability to make proper response. The thoughts of a page being read are thoughts by an Ego. As a pen splutters with its user or works easily, thus influencing the appearances of writing, so expression given thoughts rests with the bad or good working condition of the brain. If attempt be made to write thoughts when a brain is half asleep, result is akin with attempt to play music when a piano is out of tune.

Now, concerning the dreams of the sensitives—the poets, the musicians, the communers with spirits, the inventors and the architects.

Dreams that are one with communication made to a sleeping man by a something apart from himself, whatever this something may be, are independent of relation with cerebration; for such dreams would not be the plain and perfect things they are if semi-consciousness of the anterior brain existed to confuse them. A dream of the purely inspirational class, that is, a dream which is one with communication made to the Ego of a sleeping man by an intelligence apart from his own, is clear as to its character, whatever the character may be; the poet gets his lines, the musician his score, the architect his designs, and the philosopher his aphorism.

(To be continued.)

SOMATOSE, A NEW ALBUMOSES PREPARATION.*

BY DR. F. GOLDMAN.

The albumoses may be considered as veritable tissue builders. As, in the pure state, they are characterized by odorlessness and tastelessness, and as they are devoid of the objectionable features of the peptons, chemists have long endeavored to separate the albumoses from the peptones as far as possible. Although a method has not yet been found for obtaining on a large scale the albumoses absolutely free from peptones, the progress has been so great that it is only a question of time when the albumoses will be produced in a pure form. As the most perfect preparation of this kind must be considered an albumoses product which has been introduced in the market under the name of Somatose.

Somatose is a yellowish, fine granular powder, perfectly odorless and practically tasteless. It is readily soluble in water and aqueous fluids. From this solution the albumins are precipitated by dilute acids, but redissolved by an excess of acid. When heated the aqueous solution gives no precipitate. Tannic acid, chloride of iron, sulpho-salicylic acid, ferro-cyanide of potassium and acetic acid give the well-known reactions. The biuret reaction, as might be imagined, is very marked, with a bluish color. Being a preparation of meat, Somatose contains those constituents of the latter which possess nutritive value. The glutinous pepton, which

*Pharmaceutische Zeitung, October 28, 1893.

readily forms during peptonization of the collagenous material in muscle, is eliminated from Somatose. Besides this pepton, the nitrogenous bases of meat (creatin, xanthin, etc.) are removed, but this is of no importance since these substances pass through the system unchanged, and, therefore, have no nutritive value whatever, and, at the most, may be considered as delicacies. Somatose contains no nitrogenous extractive and no fat.

To determine its tastelessness employ a 2½-5 per cent. solution in water, These proportions correspond in medical practice usually to doses of one teaspoon or dessertspoon dissolved in a cup of milk, soup, etc. In a watery solution the glutinous pepton can be easily recognized by the taste generally ascribed to it, even when it is present in minute quantities. A solution of Somatose of the above strength has a yellowish-brown color and a faint alkaline reaction. Whether dissolved in cold water or boiled, no flocculent deposits or coagula should occur. The boiling test enables us at once to distinguish genuine albumin from albumoses and pepton, as well as to separate them.

For the quantitative determination of the constituents several specimens derived from different sources were employed. The deviations from the numbers were so slight that we are warranted in considering Somatose as a product of permanently uniform composition.

	Specimen 1.	Specimen 2.
Water	10.04	9.20
Total Nitrogen	12.89	12.84
Albumoses	78.09	77.85
Pepton	3.40	2.20
Ash	6.72	6.78

In both analyses there are comparatively great deviations in the quantities of peptones. This difference may be explained on the ground that in specimen 1 the amount of pepton was determined by direct precipitation, while in specimen 2 the number 2.20 was estimated from the degree of rotation of the strongly concentrated solution. Remarkable in both analyses is the not inconsiderable minus to the hundred. This is attributable to the organic acids, which are contained in the ash in the form of carbonates and were estimated. In the dry substance there are contained, therefore, 14.14 per cent. nitrogen. If we estimate the amount of albumin from the nitrogen, by multiplying with 6.25 (albumin containing on an average 16 per cent. nitrogen), we would find in Somatose 88.37 per cent. of albuminous constituents. If, however, we take into consideration the multiplicator for pepton, viz.: 6.4, the 14.4 per cent. nitrogen would be equivalent to 90.49 per cent. albumins. Inasmuch as the albumoses represent intermediary stages between the primary albuminous bodies and the peptones,and approximate to the former in composition, multiplication with the lower factor seems more justifiable.

The albumoses consist only of deutero- and hetero-albumose, and contain neither protero- nor dye-albumose. Deutero- and hetero-albumose are present in Somatose in about equal parts. In 100 parts Somatose free from salts, pepton and water, there are 48.2 parts deutero- and 51.8 parts hetero-albumoses. The ash consists of magnesium phosphate, potassium phosphate, calcium phosphate, traces of chlorine. The comparatively high proportion of carbonic acid is attributable to the organic acids. Noteworthy is also the presence in Somatose of potassium phosphate, which is of so much importance for the formation of muscular and cellular tissue.

As a result of these metabolic experiments with Somatose, it was found that this substance has not only a remarkable effect in diminishing nitrogenous waste, but that it is capable of completely replacing the albumin of the organism.

The employment of Somatose in form of nutritive enemata has been objected to by some authors. As regards the value of hypodermatic injections of watery solution of Somatose into the subcutaneous tissues two divergent views exist. While Hildebrandt, on the ground of his experiments on dogs with subcutaneous injections, is inclined to recommend the subcutaneous method of introducing the albumoses in cases where feeding per os is prevented, Neumeister warns us against the introduction of Somatose in this way, because it is excreted unabsorbed with the urine. He bases his objection upon experiments made on rabbits. Hildebrandt employed for his experiments dogs, that is, carnivora or omnivora, while Neumeister experimented on herbivora. Neumeister injected 0.1 grm. Somatose, and was unable to separate this substance by means of ammonium sulphate and recover it from the urine, although the normal urine of the rabbit gives a precipitate with ammonium sulphate. I have made control experiments both on dogs and rabbits. Every one of the animals received a subcutaneous injection of 0.5 grammes Somatose dissolved in 10 c. cm. sterilized sodium chloride solution. As is customary, the urine was treated with ammonium sulphate, the precipitate dissolved and again thrown down, until the last deposit appeared almost colorless. This was dissolved in boiling water and the solution concentrated and allowed to cool. In dogs this solution failed to give both the sulphosalicylic and biuret reaction, while in rabbits it showed a slight turbidity with sulphosalicylic acid, but not the biuret reaction. After injection of one-half gramme of Somatose, this substance does not appear in its original form both in dogs and rabbits, so that Hildebrandt's statements must stand as correct. Another control experiment made by addition of 0.05 grm. Somatose to the urine, and treating the latter as above, also gave positive results.

At the sick-bed Somatose proved serviceable both as a dietetic remedy and as an aliment in diseases of the stomach, especially gastric cancer, and in phthisis. The use of Somatose also appears indicated, in all acute diseases attended with fever and debility, in chlorosis and anæmia, in the stage of convalescence, in short, in all conditions where a supply of food rich in albumin and readily assimilable is required. The dose may be determined from the estimate that, 1 part of Somatose is equivalent to 6 parts of beef free from fat. Single doses vary from 2½ to 10 grammes; the daily dose may reach 40 grammes. To prepare the solution, it is advisable to mix the powder with an equal amount of water, so as to form a thick paste, to which the remainder of the fluid is then added. Among others, milk, cocoa, gelatinous soups, with or without red wine, beef tea, and perhaps, also, meat extracts, are suitable as solvents. Fluids containing tannin, such as strong tea, pure red wine, etc., acquire a disagreeable appearance on addition of Somatose, and for this reason should be avoided.

To more closely assimilate cow's milk in composition with woman's milk, Dr. Rieth advises that the former, after proper dilution (to reduce the quantity of casein), receive an addition of fat, sugar and albumoses obtained by heating egg albumin to 130 degrees. This mixture is said to act excellently as a food for infants; its only disadvantage is that both the evacuations and the flatus have an intensely disagreeable odor. This fecal odor is attributable to the sulphur contained in egg albumin, which is retained in the albumoses, when prepared according to Rieth's method. Albumoses produced from meat, such as Somatose, contain but a slight amount of sulphur, and hence, after administration of milk charged with Somatose, the odor of the feces will be much less intense. If to one portion of cow's milk, lab-ferment is added, and to another lab and Somatose, the latter will show a coagulum, consisting of very soft, almost flocculent casein, as in women's milk, while milk without addition of Somatose exhibits the well-known, thick coagulum. Inasmuch as the desideratum for infant feeding, a loose curdling of casein, is fulfilled by Somatose, I would strongly recommend it for the preparation of milk for infants.

To one litre of cow's milk (morning milk), add 730 c. cm. water, 10.7 grms. Somatose, 46 grms. sugar of milk, 35.6 grms. fat, that is 71 grms. cream, containing on an average, 50 per cent. of fat. The quantity of fat in the cream should be determined before its addition. After being sterilized the milk may be at once used for infant feeding. This estimate is based upon the following figures: Woman's milk contains, fat, 3.97 per cent.; albumin, 0.78; casein, 1.69; lactose, 5.46. Cow's milk, fat, 3.32 per cent.; albumin, 0.52; casein, 2.91; lactose, 4.84.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

Subscription Price, - - $1.00 Per Year.

FRANK S. PARSONS, M. D.,

EDITOR AND MANAGER.

EDITORIAL STAFF.

WILLIAM F. WAUGH, A. M., M. D., Chicago, Ill.
W. H. PANCOAST, M. D., Philadelphia, Pa.
T. H. MANLEY, M. D., New York, N. Y.
E. W. BING, M. D., Chester, Pa.
S. H. MONELL, M. D., New York, N. Y.
S. V. CLEVENGER, M. D., Chicago, Ill.
AD. MEYER, M. D., Chicago, Ill.
LOUIS LEWIS, M. R. C. S., (Eng.) Phila., Pa.
J. D. TENNEY, M. D., Boston, Mass.

PUBLISHED BY

THE MEDICAL PRESS CO., Limited.

Communications are invited from all parts of the world. Original articles are only accepted when sent solely to this Journal. Abstracts, clinical lectures, or memoranda, prescriptions, news and items of interest to the medical profession are earnestly solicited.

Address all communications to

1725 Arch Street.

PHILADELPHIA, JANUARY 27, 1894.

THE MOMENT FOR BLOODLETTING.

Under this title an article appears in Sir Benjamin Ward Richardson's Asclepiad, No. 39, which gives an interesting resume of a practice of inestimable worth in many instances, but which has lately fallen into comparative disuse.

It is an opportune time that bloodletting should again be brought to the attention of the profession, not as an antipyretic, for we now possess better and less dangerous methods of reducing fever; but as a valuable analgesic, in conditions of severe pain dependent upon inflammatory or non-inflammatory congestion.

The question of employing bloodletting in cases of hemoptysis is considered, with arguments pro and con. "If by a rapid removal of blood we can induce immediate cessations of hemorrhage from the lung, we may prevent the exhaustion more readily than by letting the hemoptysis continue; while, at the same time, we may save cough and prevent a risk with the sudden filling of the trachea with blood, and asphyxia from coagulation of a column of blood in that tube." In conclusion the author states:

"If the experiences recorded in the present paper be taken with those pre-

sented in the one in last "Asclepiad," there will be afforded a fair view of the circumstances under which I should support the old practice of venesection. It will be gathered that venesection is considered sound practice under several conditions of disease, notably the following:

(a) In acute spasmodic seizures, as in spasm of croup, in colic and in angina, with symptoms of oppression from distension of the right side of the heart with blood.

(b) In acute pain, membranous or spasmodic, as in sudden pleuritic or peritoneal pain or in pain from passage of a calculus, hypatic or renal.

(c) In acute congestions of vascular organs, as of the lungs or brain, apoplexies.

(d) In cases of sudden shock or strain, as after a fall or a blow, sunstroke or lightning shock.

(e) In some exceptional cases of hemorrhage of an acute kind unattended by pyrexia.

I have been occasionally asked under what exact condition of a patient may blood be drawn without hesitation or fear of direct danger from the practice? To this question I answer: When the veins are full and the pulse is firm, regular, full, tense; the pupil natural or contracted; the body at normal heat, or with brain symptoms, raised in temperature; the bronchi free of fluid, and the sounds of the heart well pronounced."

THE PATHOLOGY AND TREATMENT OF APPENDICITIS

Since laparotomy has become the en courant therapeutic measure as a prophylactic and radical means of cure for appendicitis, so many deaths have followed this procedure that many have searched for some constitutional remedy that might dispense with the use of the knife, in the inflammatory non-perforative type of the malady. But, before effective medication could be instituted, it was important that the underlying cause be ferreted out and that its etiology be mastered.

With this object in view, the light of modern bacteriology has been turned on, and the fluid exudate of appendicular inflammation and ulceration has been critically and systematically examined by cultures and inoculative experiments. Yet we are compelled to acknowledge that this phase of the subject remains as obscure as ever.

Hopendyl, of New York, recently examined exudate of 35 cases of appendicitis. In all cases he found the bacterium coli communis.

In 31 cases it was unassociated with any other pathogenic germ. This has been always found in other necrotic conditions of the colon; besides, in perforation of the appendix. It is said to be a germ of high pyogenic power, and when pure cultures of it are injected into the lower animal, it promptly produces local suppuration or general systemic infection.

In rare and exceptional cases of perforative appendicitis the streptococcus and staphylococcus-pyogeneus-aurens have been found. It is denied that typhoid or tubercular ulceration is ever anything more than a very rare lesion in the appendicitis. This author found concretions in but few cases of perforation, and questioned the importance of its role.

Fitz, in an analysis of three hundred cases, found concretions in but five per cent. And Ribbert, in four hundred post-mortems, found fecal concretions in only 38 appendices.

On the other hand, Richardson tells us, in his latest contribution on appendicitis, that he found them in all his 189 cases, at the site of perforation. He attributes the mortality in appendicitis to the bacillus coli communis, and cites Roswell Parke, who, in his essay before the late meeting of the American Surgical Society, took the same position.

In a considerable number of his cases Richardson failed to find this germ. He claims that a bacterial examination should be made of the exudate in all operations on the appendix, and that when the colon-germ is found the prognosis is unfavorable.

The observations of the New York bacteriologist, as we see, are not in accord with those of Parke; for he found the bacillus coli communis in all, indiscriminately, the mild and mortal cases, and attaches no importance whatever to it as a prognostic factor.

This germ, it should be remembered, is an inhabitant of the normal, healthy colon, and that it should be found in perforative, suppurative appendicitis in all cases is to be expected. It is known to possess migratory powers, too, for it has been found by Strauss in phagedenic bubo, and by Allen, in gan-

grene of the scrotum. Others have discovered it in situations quite remote from the colon.

But it does not by any means appear clear how we can regard its presence in suppurative appendicitis as anything more than a fortuitous circumstance, which on no hypothesis establishes its position as an initial or causative factor in this mysterious malady.

As an operation for appendicitis is always attended with considerable danger to life, and a hernial protrusion commonly follows through the scar of the operation in successful cases, it is a question yet unsettled whether a laparotomy should ever be ventured until symptoms point to perforation.

Often the appendix cannot be found after section, and most operators are loath to make an extended search for it. Fowler, of Brooklyn, has recently reported three mortal cases, in all of which the appendix was lodged on the left of the linea-alba.

Correspondence.

"FOR THE STOMACH'S SAKE."

The stomach recognizes its own wants. Don't feed it when it rebels. Don't refuse it when it pleads for food. It knows better than the looker-on.

When the tongue is coated the stomach is "ditto," and wants to be let alone.

When a person says he has a ravenous appetite let him satisfy it. If he has worms, all the more reason for extra support. If he has no appetite lavage may help him, food will not. Give nourishment every hour or so, in cases that call for it, if the patient will take it under reasonable persuasion; do not enforce it, unless he is insane.

When the appetite is capricious let it "caprice." Let it flirt with strange foods for awhile; it will soon return to its "steady company."

Inflammations and diseases of the digestive organs cause want of appetite; much food would be useless and perhaps hurtful; and a sufferer from one or other of these diseases will evince an instinctive antipathy to animal diet, and it would harm him to use it.

Consumptives abhor the fat of meat, but will readily consume it (and derive great benefit) as butter and in other forms, better suited to their delicate stomachs, and they show a great partiality for salted meats, onions, pork, olives and certain cheeses.

Affections of the circulation and nervous system create a distaste for certain foods that would probably be prejudicial. An old adage says, "Feed a cold and starve a fever." More modern notions advise us to "feed a cold and feed a fever." Better say, "Consult the stomach."

With respect to drugs, we should recollect that nux vomica creates a false appetite, and may urge the stomach to food when not in a fit condition for it; that iron dries up the gastric secretions, and so may obtend the desire for nourishment when it is most needed; that morphia invalidates the digestive power of gastric juice, by decreasing its hydrochloric acid, and so may induce dyspepsia; and that alcohol causes excess of gastric fluids, and the waste diminishes the supply that will be wanted later on, for the purposes of digestion.

Louis Lewis, M. D.

A COURSE OF LECTURES TO NURSES AT COLLEGE OF PHYSICIANS, PHILADELPHIA.

Sir—A syllabus of uncommon scope, containing twelve lectures to nurses and their friends, being presently delivered at the College of Physicians, in this city, by W. H. Bricker, M. D., B. Sc., has been placed in our hands, and having slightly recovered a degree of equanimity we are at a loss from the number and character of its contents whether to express wonder or fear.

It may be apropos to merely notice en passant at so critical a time as the present, as to whether or not the whispered revolution has not actually come on us, when we consider this programme of "lectures."

We are, however, lost in admiration not only at the exhaustive subject matter to be discussed, but at the supposedly intellectual range of the enduring listeners.

Surely the difficulties of our student days, in grappling most of the subjects so glibly set down in this syllabus of lectures, does now appear ludicrous in contemplating so comprehensive a scheme as those nurses can now seemingly absorb, with all the ease of a sugar-coated pill.

The mental concentration demanded by so formidable an array of subjects completely eclipses the polymathic achievements of Goldsmith's village schoolmaster, thereby since his time proving an extension of cephalic diameters to a capacity which even ceases to excite wonder at the copious variety of knowledge contained nowadays in a nurse's course.

We compliment the gentleman who, Atlas-like, can so serenely carry and deliver an entire medical curriculum in twelve lectures to a class of nurses and their friends.

The heroism of the task is complete, for both lecturer and pupils; we beg to greet so august an effort. All hail!

Yours, etc.,

J. L. C.

Bureau of Information.

Under the Charge of W. F. WAUGH, A. M , M. D., Chicago, 834 Opera House Block.

HEMORRHOIDS.

I have a patient, age 70, large and somewhat plethoric. Has had diabetes for several years, but under the influence of diet and some treatment she is able to reduce the amount of sugar to almost nothing. However, she had not been under strict diet and treatment for some time, and an examination of her urine shows sp. gr. 1040, with an abundance of sugar, but small amount of urine. Circulation is sluggish and she has been troubled with numbness for years. But her most distressing trouble is a large hemorrhoid, with a broad base, partly external and partly internal. It is very painful and troublesome, and she is anxious to get rid of it. In her condition will it be safe to remove it, and if so, what in your judgment is the best method? I fear any operation that will necessitate confinement to the bed for any considerable time.

A. B. F.

In such a case I would not ligate. The treatment depends on the condition of the anal sphincter. If it is hypertrophied, or shows a tendency to contract spasmodically when the finger is passed into the rectum, I would cocainize the parts after Manley's method, and dilate the sphincter. But, as is often the case with women of her age, the sphincter is feeble and relaxed; dilatation would result in prolapsus of the rectum. I would, therefore, prefer injecting the pile with a few drops of carbolic acid solution—5 per cent. This is also the best for bleeding piles; and, very often it is required after dilatation has been performed. Why not try the strontium lactate for the diabetes?

W. F. W.

HEMORRHAGE IN TYPHOID FEVER.

What is your treatment of hemorrhage in typhoid fever? T. S. P.

(Hemorrhage from the bowels is very rare in cases treated from the first with the sulpho-carbolate. If ulceration has occurred, however, before this drug is given, it will not prevent this accident. I usually endeavor to forestall it by giving silver nitrate, ⅛ gr. every 4 hours; and if hemorrhage occurs I apply ice and water bags to the abdomen for dangerously profuse flows, and give internally tincture of digitatis, gtt. xx, every four hours. Ergot I only use in the worst cases when digitalis would be too slow. For slight hemorrhage I give acetate of lead. W. T. W.)

AMICK'S CURE.

Please state in "Times and Register" active constituents, if known, of "Amick's Consumption Cure," or from what is it supposed to derive any curative virtue it may possess.

E. O. PLUMBE, M. D.

The Amick advertisements appeared shortly after the publication of Dr. N. B. Shade's paper in this and other journals. Amick copied Shade's language, speaking of the "chemical" cure, etc., and I believe adopted Shade's methods of treatment. These were fully described by Shade, and consist in the use of calomel, iodoform, guaiacol, etc. I have seen cases treated by Shade and benefited—I dare not say cured, for that would require prolonged observation and searching examination, which I had no opportunity of giving.

W. F. W.

What has become of the Gross Memorial Fund?

No doubt many of your readers who, at the instigation of a gentlemen (representing, I believe, the Alumni Association of the Jefferson Medical College), subscribed more or less liberally to a fund for the erection of a monument to the late Professor S. D. Gross, would be gald to hear what has become of the plan and also the money. The aforesaid solicitor had no plans or drawings of the proposed monument, neither could he state just when it might be expected to take shape. No receipt was given for the money and no provision for its return in case the structure was not erected. Information on the subject would no doubt be appreciated.

B.

TROISSIER'S GANGLION, AND ITS SYMPTOMATIC VALUE.

Gaillard showed to the Medical Society of the Hospitals of Paris a supra clavicular ganglion taken from a woman dead of retro-sternal cancer. (There was also left-sided pleurisy). The ganglion was situated above the left clavicle, behind the insertion of the sterno-cleido-mastoid muscle,and was unaccompanied by other ganglia.This proves once again the diagnostic value of the adenopathy pointed out by Troissier.

Surgery.

Under the charge of T. H. MANLEY, M. D., New York.

A NEW TREATMENT OF MAMMARY ABSCESS.

Tweedy adopts Weber's method of treating mammary abscess.

An early and free incision is made in the breast, radiating from the nipple, and situated at the most dependent part of the abscess.

The finger is then inserted into the wound, and the gland structure broken down. This manipulation, it is stated, will have no bad effect on the healthy tissue.

By this process several new cavities will be found, and these, in turn, are to be opened by an incision similar to the first, and the whole thoroughly douched with some antiseptic solution.

The membrane lining the several cavities is to be curetted, and the debris removed by a second douching.

Strips of gauze sufficient to fill every interstice of the abscess are to be steeped in a one per cent. solution of carbolic acid, and inserted by means of a long sinus forceps and probe. A large, flat sponge is then placed on the breast, and tightly bandaged thereto for twenty-four hours. After this period the dressings are removed, and without further irrigation the cavities are again packed, the sponge and bandage being reapplied as before.

On the third day process is repeated.

In the fourth dressing the gauze packing is dispensed with and the incisions are drawn together and dressed antiseptically; the sponge and bandage are reapplied.

This last process is repeated every twenty-four hours until healing is complete; this usually takes place about the tenth day. In one of the author's cases the whole process was accomplished without the aid of anæsthesia. In only one of his cases was it necessary to make a second incision. The incisions are never longer than is necessary to admit a finger.

Iodoform gauze should be used for packing the wounds.

The author only having treated five cases, cannot say definitely what portion of the above treatment is essential, but he is strongly inclined to the opinion that curetting can be safely dispensed with.

—Medical Press and Circular.

TO BEGINNERS IN LAPAROTOMY.

Dr. F. Byron Robinson offers the following practical suggestions to laparotomists:

1. Remember it is criminal to learn to do laparotomy on a patient.

2. Do not attempt to do laparotomies in private houses and with no nurses.

3. Before doing any laparotomy be sure to study under a master, and assist him; if possible, so you can see the pathology in the abdomen and how he removes it. Ask him to allow you to tie a knot once in awhile. Never lose the chance of assisting in or witnessing a laparotomy.

4. Learn the after-treatment. Half the battle is with the intestines.

5. Study carefully the abdominal and pelvic viscera of the cadaver. Study as many cadavers as you can. Never lose the chance of doing a post-mortem or attending one. Study the dog's viscera.

6. Be sure to make systematic experiments on dogs' abdominal viscera. Always do the autopsy on your dogs yourself. Note what damage to the peritoneum your manipulations did. Observe what peritonitis really is.

7. Be clean without chemicals. Learn to use very few instruments. Beginners should always invite a laparotomist friend to be present.

8. Be careful of promises.

—Medical Age.

AN EPIDEMIC OF SOFT CHANCRES.

M. le Dr. W. Dubreuille, of Bordeaux, contributed recently a remarkable contribution under the above title, in which he points out that it is a matter of common observation that soft chancres are scarce in these years during which syphilis is very prevalent.

He says that formerly in Paris soft chancres were most numerous, but that in recent years the Hunterian has taken the lead.

It has been about the same in Bordeaux; for in past years soft chancres were the most common. It was noted, too, that the local lesion was most commonly observed in the winter season, and in the male sex. He is unable to give an explanation of these clinical observations, though he adds that it is commonly known that soft chancre is the poor man's disease, and the hard is seen by far most frequently among the the easier classes.

—Journal de Medicine de Bordeaux.

TREPHINING FOR INTRA-CRANIAL ABSCESS.

M. Peau, in a recent interesting contribution, has again demonstrated what surgery can accomplish, in the way of operative relief for brain lesions, when they are definitely located.

Patient, a boy of four and a half years, was accidentally shot, the ball of the revolver traversing the globe of the right eye and penetrating the cranium.

Fever, agitation and cephalalgia so soon followed that it was evident that meningitis was developing.

He was shot July 14. By the latter part of August he developed marked ocular trouble in both eyes with the most intense neuralgia. But, by the middle of September, he had again made marked improvement as far as his general condition went.

Early in October severe pain, with fever and occasional unilateral convulsion followed. At this time he was seen and examined by M. Ballet, who diagnosed supuration; either peri or intracerebral, and he advised immediate trepanation. Soon after this the most alarming cerebral symptoms developed, with true Jacksonian epilepsy and comatose phenomena. September 28 M. Peau operated, penetrating over the superior terminus of the fissure of Rolando.

When the dura-mater was opened there at once issued about 200 grammes of pus. The cavity was now thoroughly irrigated; the dura closed, except at a point where the drainage tube entered. Improvement and entire recovery promptly followed. (It does not appear that the ball was found.)

—Revue De Therapeutique Et Medico Chirurg.
—Gazette Heb., June, 1893.

ANESTHESIA.

Anesthesia is still moot point in some minds and new ideas are always acceptable. Professor T. A. Reamy, in a clinical lecture at the Cincinnati Hospital, took the position of anesthetist himself in order to demonstrate his views on this subject. The doctor is a great advocate of ether and has some remarkable figures in his own practice with reference to this anesthetic. He considers it a great object to keep air from entering the cone about the face. The cone is made of several folds of newspaper, covered with muslin and sewed into a square rather than a cone shape, one end of the opening being rather wide and round, to fit over the chin, the other sharp and narrow for the nose. Dr. Reamy uses three sizes to fit faces of different degrees of broadness and fullness. The cone is filled almost full of absorbent cotton, which is packed down hard. The usual amount of ether is placed on the cotton; the patient is given a few whiffs to accustom her to the vapor, when it is placed firmly over the face and not removed during the whole operation, provided it does not last more than 40 to 60 minutes. The doctor was able to anesthetize his patient completely before the class in two, three and four minutes. If deprived of air the patient soon begins to breathe her own carbonic acid gas. She is anesthetized partly by ether and partly by laughing gas. The patient once profoundly under it is astonishing how little ether is necessary to continue the effect. The patient should have absolutely no air, except what goes through the walls of the funnel. If the funnel is removed to replenish with ether the patient gets too much air, which prolongs the struggle. Dr. Reamy said he had been experimenting on the administration of ether in his private practice for some time. The average length of time for complete anesthetization is three and one-quarter minutes. The average is greatly increased by an occasional intractable case, which would be a long time going under any anesthetic administered in any way. In giving ether, watch the breathing and do not forget the heart. In giving chloroform, watch the heart and do not forget the breathing He condemned, in the strongest terms, the use of mixed anesthesia.

INTRA-UTERINE HEMORRHAGE CONTROLLED BY THE FARADIC CURRENT.

Dr. Worster reports a case of metrorrhagia and menorrhagia with prolapsus uteri, treated by bi-polar intra-uterine faradization. Result—cure. Six months later reported remains well, menstruates regularly and quantity normal. He also reports a case of hemorrhage following treatment of submucous fibroid of the uterus. Regular menstruation was secured at successive periods by the timely use of faradism.

Ophthalmology.

Under the Charge of J. D. TENNEY, M. D., Boston.

SYMPATHETIC OPHTHALMITIS.

It often puzzles the general practitioner to know whether to advise the removal of an eye or not, when it has been injured, in order to avoid sympathetic inflammation in the other eye.

In the first place, it is a question whether there is a case on record where such an inflammation was set up in the sound eye when the injured eye was not perforated.

If there is a perforation by a clean instrument, anywhere except in the ciliary region, and there is good evidence that no foreign body remains in the eye, we need have little fear. But foreign bodies left in the eye are a source of danger.

The writer once had a case where the ciliary region was cut through with a knife which was being used at the time to pare potatoes in water. The eye shrank a little, and the visual power went out; but the other eye never suffered. The injured eye was never inflamed to any extent.

A boy seen recently, where the whole cornea was cut across by a board, causing traumatic cataract, but in which there was no foreign body left in the eye, apparently, was advised to retain the eye, and no injury happened to the other up to date, three months after the injury. The injured eye was not inflamed.

Sympathetic inflammation rarely occurs when the injured eye has not been inflamed. It usually follows more or less destructive inflammation in the exciting eye, which has not come to rest since the accident. It rarely commences within three weeks after the injury. It never comes if the injured eye is removed within 24 hours, and rarely if the eye is removed within a week. When an eye is injured so as to cause escape of the vitreous humor, and collapse of the eye, it should be removed as soon as possible.

Sympathetic inflammation may be acute, but is oftener insidious in its course. One of the first symptoms is defective accommodation, followed by iritis and irido-cyclitis. A pupillary membrane often forms and there may be exudation over the whole uveal tract.

The patient should have a one per cent. solution of atropine sulphate dropped into the eye as occasion requires. In severe cases it may be used 18 or 20 times a day, care being exercised to avoid poisoning young people by its absorption. A leech upon the temple occasionally has a good effect. Hot water applied to the eye and side of the head is of great service.

If the exciting eye has considerable sight left after it has become quiescent and the other has been ruined by sympathetic inflammation, the exciting eye should not be removed; for it will often do better service afterwards than the other.

J. A. T.

THE USE OF PRISMS.

Maddox gives the following maxims to be observed in prescribing prisms.

1. Never order them unless indications for their use are unmistakable.

2. Never order them simply on account of an anomaly in the behavior of the eyes under various tests, unless there is asthenopia, headache, tendency to diplopia, or giddiness, possibly relievable by them.

3. Do not judge by one test, but by the "finger," "rod" and "card" tests, and if specially indicated by the relative convergence test also.

4. Remember that considerable latent deviation in distant vision is more important than in near vision (though the latter is not to be ignored), and that moderate divergence in near vision is physiological.

5. Always more or less under correct with prisms.

Boston Med. and Surg. Journal.

DEATH OF DR. GUTTMANN.

Dr. S. Guttman, editor of the "Deutsche Medicinische Wochenschrift," died on December 21 at Berlin as the result of a virulent attack of influenza, at the age of 54 years.

Therapeutics.

Under the charge of LOUIS LEWIS, M. R. C. S., Philadelphia.

IPECACUANNHA WITHOUT EMETINE.

Powdered ipecacuanha root, deprived of its emetic principle, emetine, is stated to have achieved great success in the treatment of dysentery. The virtues of ipecacuanha are well known in this direction, but have hitherto been marred by the distressing vomiting that accompanies large doses. Merck, of Darmstadt, has produced a powder from the root of the best Brazilian ipecacuanha, free from emetine, but containing the other constituents intact. This has proved of great service in British India, the chosen home of acute and chronic dysentery. Scruple doses may be taken frequently, without the usual vomiting. It is known as ipecacuanha deemetinisata.

SUBCUTANEOUS INJECTION OF SALOL IN TUBERCULOSIS

According to the "Jour. de Med. de Paris," Grasset has obtained very satisfactory results in the treatment of tuberculosis by the subcutaneous injection of salol. The advantages claimed are the decrease in the fever and night-sweats, with a simultaneous moderation of the cough and the number of bacilli. He employs salol with oil in the following mixture:

		Gram.
R	Sweet Oil	30
	Salol	10

This is given with a syringe which contains five drachms. The injection is made underneath the skin, and Grasset asserts that within 20 minutes after its use salicylic acid may be obtained in the urine. The injections should be given in those portions of the body where the subcutaneous tissues are loose, as there is always slight induration produced, which, however, shortly passes away.

—Med. and Surg. Reporter.

SALIPYRIN IN INFLUENZA.

Von Mosengeil, of Bonn ("Deutsch. Med. Zeit.," December 7), strongly recommends salipyrin (salicylate of antipyrin) as a remedy in influenza. He has used it for two years and a half, and has found it a specific in that affection. It must be given on the appearance of the first symptoms of the disease. In the case of young children doses of 2½ to 4 grs. are generally sufficient; to older children and to persons of light bodyweight or extraordinary susceptibility to the action of drugs, 7½ grs. may be given. If the patient is of strong constitution, or if the attack is very severe, and especially if it has already lasted several days, 15 grs. should be given. Even after the administration of repeated daily doses of 30 to 45 grs. Von Mosengeil has not seen any unpleasant secondary effects. On the other hand, the drug often has a marked sedative and hypnotic effect; in particular it seems to have a special effect in relieving headache. For this purpose a single dose of 7½ grs. is often sufficient. Salipyrin is of least service in the cases of influenza characterized by the rapid development of small circumscribed patches of pneumonia. In such cases large doses (25 to 30 grs. t. d.) are required. The author is emphatic in insisting on the continuance of the remedy for some time after apparent cure of the disease, in order to prevent relapse. It is important that no food should be taken for 1½ to 2 hours before and after the administration of salipyrin. If violent fever be present very large doses (45 to 75 grs.) should be given, or salipyrin may be administered alternately with quinine (especially the readily soluble hydrochlorate) in doses of about 8 grs. Von Mosengeil in such cases gives quinine in the morning and salipyrin in the evening. If the latter alone is used, it is best given in the evening.

—Brit. Med. Journal.

Papain.—Is the active principle of the papaw plant (carica papaya) of South America and the West Indies. A peculiarity of the papaw is that the juice from its leaves and stem will quickly make the toughest meat tender, and the leaves can also be used instead of soap in washing cloths. Papain is extracted by treating the leaves with alcohol, then dehydrating the precipitate, and "drawing" it with hot water. It is an albumenoid, and more especially the whiter kind has a digestive action on fibrin.

—Indian Medical Reporter.

Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., New York.

DOES THE GALVANIC CURRENT PENETRATE THE BRAIN?

This is a most interesting question and has been the subject of more or less controversy. Dr. Deve reports the following experiments,which seem sufficient to prove that electricity acts perfectly within the central portion of the brain. Upon the head of animals about to be killed two electrodes were placed at the ends of the biparietal diameter, and a current of sixty milliamperes passed between them. Two galvano-puncture needles, insulated to within five millimetres of their points, were connected with an astatic galvanometer, thus forming a secondary circuit. This done, these needles, now positive and negative, were plunged into the scalp into the following positions. The primary current was sixty milliamperes.

1. They were plunged into the bipolar line, five centimetres from each electrode, when the metre of the secondary circuit after one minute registered fourteen milliamperes.

2. They were separated from each other on this line four centimetres, one to eleven milliamperes showing.

3. The distance between them was doubled—one to five milliamperes.

4. The positive needle in place, the other was introduced upon the occipito-frontal line—one to two milliamperes.

5. The needles being introduced at opposite points of this occipito-frontal diameter, a current still passed, shown by oscillations of the indicator needle, which were increased by interruptions of the primary current, but it was incapable of measurement. Having obtained these results openings were made in the cranium corresponding to the previous positions of the needles, through which they were plunged into the brain, it being evident that they would show a secondary current if the primary had traversed the scalp, bone and brain. Besides, the small amount of insulated surface of the needles, and their extreme thinness, made it easy to localize exactly where they picked up the primary flow. Now, no matter how deeply they were introduced into the cerebral substance, the recorded current was the same, as follows:

I. Eight milliamperes. II. Six milliamperes. III. Four milliamperes. IV. Two milliamperes. V. Too small to be appreciable.

Finally, the brain being laid bare and divided longitudinally, and the needles laid upon the surface, one centimetre apart, upon gray matter, the secondary current amounted to seventeen milliamperes; at the same distance, upon white matter beneath, fifteen milliamperes; the primary electrodes during this experiment in direct contact with opposite convolutions.

From these experiments the following conclusions were drawn:

1. The current passes through scalp, bone and encephalon.

2. It is stronger in the scalp, and grows weaker by diffusion, the more rapidly when electrodes are removed furthest from the biparietal line.

3. It spreads itself evenly through the entire encephalic mass. Nevertheless, assuming that gray matter is a better conductor than white, it is probable that electrical intensity is greatest in the cortical layers. Then, taking for granted the storage of electric energy, we can schematically represent the head by a sphere, on the surface of which is found the thickest part of a layer of fluid, the thinnest nearest the centre, while the middle layer will correspond to the gray cortical matter.

The greatest resistance to the passage of electricty was found in the inner table of the skull.

PAR-ESIS.

In electrical circles several bets have been made on the pronunciation of the word "paresis." Up to date the only man who has won is the man who offered to bet.—Exchange.

HOW TO ABORT FURUNCLES.

With a pair of epilation forceps remove the offending hairs. A few vigorous static sparks upon the affected tissues will then dispose of the boil in a few days.

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

PROGNOSIS OF PULMONARY TUBERCULOSIS BASED ON THE FEVER, WEIGHT AND FREQUENCY OF THE PULSE RATE.

Strumpell, in the Progress Medicale, endeavors to establish the prognostic significations of fever in pulmonary consumption.

At first, says he, in a certain number of cases, the pulmonary disease evolves without any appreciable increase of temperature. It would seem that the fever is due less to the bacilli of Koch than to secondary infection by stapho- and staphylo-cocci.

When the patient remains apyretic for some time the disease rests stationary or progresses very slowly.

Excluding complications, as pleurisy, hemoptysis, etc., capable of influencing the temperature, we may divide into five classes cases of febrile tuberculosis.

1. The sub-febrile. The temperature normal in the mornings is raised to 37.8 degrees or 38.3 degrees C. in the evenings. These cases are relatively favorable.

2. Intermittent hectic fever. Apyrexia in the morning, 38.5 degrees to 40 degrees C. (104 F.) in the evening. This type, almost special to tuberculosis, indicates a fatally progressive tendency.

3. Remittent type. Evening temperature, 39 degrees to 40 degrees C. Morning temperature, 38 degrees to 38.5 degrees C. Prognosis still more unfavorable; this type belongs to the "florid" forms of the disease.

4. Continued fever. The daily oscillations do not exceed one degree. This variety is rarely obscured; it is met with in miliary tuberculosis or at the beginning of certain forms destined to rapid course. It soon gives place to one or other of the preceding varieties.

5. Irregular thermic movement. The various types succeed and alternate with each other irregularly. This belongs to unfavorable cases; it is most frequently seen at the last stages of chronic tuberculosis. Profound depression of temperature (34 deg. to 35 deg. C.) are met with in this same period. Their significance is of the worst.

It is not only from a prognostic standpoint that thermometry, so often neglected in phthisical cases, is important. The thermo curve, Strumpell says, constitutes the best criterion for appreciating the effect of the treatment employed.

The prognosis may also be based on the progressive denutrition of the patient to measure the extent of it. Arthrand calculate as follows, basing them on the variations in weight:

The typical weight in the adult is represented by the number of kilogrammes equal to that of the number of centimetres of height, over a metre. For example, a man 1m. 70 should weigh 70 kilos.

Given this, experience shows that the phthisic who has lost one-third of his weight is at the point of death, and he who has lost one-fourth is in imminent danger of grave symptoms.

For a favorable prognosis it is requisite that the weight should increase, and to compass this end every means should be used, and the patient should be fed systematically.

The extent of the pulmonary lesions is another factor in the prognosis, and not only the grosser amount of lesions, but also the entire affected area must be taken into consideration.

Arthrand proposes a practical means for determining the extent of the pulmonary lesions, based on the number of pulsations, which will be proportioned to the extent of the disease. He has obtained the following figures: When the entire lung is consolidated and impermeable, the pulse rate is 120; when three-quarter, the pulse is 110; one-half, 100; one-quarter, 90.

An exact prognosis may be made from the foregoing factors in cases of pulmonary tuberculosis.

—Revue Medicale.

TREATMENT OF ERYSIPELAS.

The new method consists of frictions of the part, with an ointment of chloro or bromo-phenol.

The plan was tried on 20 cases in a

St. Petersburgh hospital, by using a 1 to 2 per cent. of para, chloro-phenol or ortho-bromo-phenol, with vaseline as a base. The ointment is applied twice a day. In some cases the redness became less after the second application, together with a reduction of temperature and limitation of the eruption. In one case the duration was eight days; in all the others the average was three to six days. Desquamation was slight; no consecutive abscess or other complication.

—Bulletin de Therap.

A FREQUENT MISTAKE BETWEEN DISEASES OF THE STOMACH AND INTESTINES.

In one-third of the patients, says Germaris, especially women, complaining of disease of stomach, one finds no real disease as dyspepsia or dilatation, for which they are often mistakenly treated.

The disorder instead of being in the stomach is seated in the large intestine, and consists of a pseudo-muco-enteritis—the result of a secretion of mucine.

The small intestine does not participate in this.

The disorder is produced by disturbance of the functions of the colon, gaseous fermentation and dilatation.

The numerous products generally accompany the harder fecal masses.

The treatment is as follows: Evacuation of the intestine, relief of the pain, by bromides of calcium or strontium, or cannabis (but not by opium).

To give antiseptics as the salicylate, borate or phosphate of soda (but not by benzo-napthol).

Diet will be nearly that of health, only small amounts of alcohol allowed.

DIPHTHERIA.

Dr. Jacobi, in "Arch. of Pediatrics," says: To make application in the mouth of an unwilling child is criminal—it is worse than criminal, it is idiotic—for it is impossible to do any good to a diphtheritic mouth which you cannot touch without injuring it. Of 20 children, 19 will be unwilling to have the throat touched in any way; at least all of those who are unwilling will get worse after the first application. Besides, the violence used to overcome resistance will exhaust what little strength there is. That is why I have insisted so much on reaching the throat through the nose. An injection through the nose can easily be made, and will flow down and touch the throat just as well as if you opened the mouth and forced your treatment from that direction. Never inject through the mouth; always inject through the nose.

Prescriptions.

In January 6 number of the "Times and Register" in place of strychnia sulph. grams 2. In the next to last prescription, read grams .06.

DIABETES MELLITUS.

		Gram.
R	Lithii Carbonitis.....	2
	Sodii Arseniatis.....	06
	Extr. Gentianae	1
M.	Ft Massa et in pil no XX divide.	
Sig.	One pill morning and evening.	

—Annual Univ. Medical Sciences

AN ELECTUARY FOR HEMORRHOIDS.

		Gram.
R	Confectionis Sennae.....	30
	Sulphuris sublimati e.....	30
	Pulveris Jalapae	4
	Copaibae	16
	Pulveris Zingiberis	2
	Potassii Tartratis Acidae.....	16
	Syrupi Zingiberis q. s.	
	Fiat electuarium.	

One teaspoonful night and morning.

A CATHARTIC LEMONADE.

		Gram.
R	Sodi Phosphatis.....	25
	Spiritus Limonis	1 25
	Syrupi Simplicis	60
	Aquae Destiliatae ad.....320	

Misce et fiat haustus.

—The Practioner.

STINGS OF INSECTS.

		Gram.
R	Powdered Ipecacuanha.....	15
	Alcohol.	
	Sulphuric ether .....aa	15
M.	Apply to affected parts.	

—Medical Bulletin.

CHRONIC HEADACHE.

Dr. Zentler advises:

		Gram.
R	Arseniate of sodium,	
	Sulphiate of atropine aa.....	03
	Extract of Aconite	45
	Powdered cinnamon q. s.....	

Mix and make into 30 pills. From one to four pills daily.

—La Riforma Medica.

LOCAL GOUTY MANIFESTATIONS.

Biesenthal and Schmidt employ:

R	Piperazin	2
	Alcohol	20
	Water	80

M. Apply to affected parts on compresses, and cover with an impervious dressing.

—Medical Bulletin.

Seeing is Believing

The cured patient is an ocular evidence of her physician's skill. Asparoline Compound will help you, Doctor, to cure your Functional Dysmenorrhœa and Leucorrhœa patients. May we send you enough, free, to prove this assertion?

DR. F. C. BRUCE, of Easthampton, Mass., writes us:

In a case of Dysmenorrhœa of four years' standing—the worst case I have ever seen—which one grain of Morph. Sulph. would not relieve for more than half an hour, I gave a two-ounce bottle of **"Asparoline"** and it afforded more relief than had ever been experienced from any previous remedy. The second catamenial period following its use was unattended by any pain, and only one teaspoonful was then taken. The patient now describes her periods as painless.

I have used **"Asparoline"** in Post-Partum pains, in Menostasis and in Menorrhagia, and I am convinced that if there is a panacea for uterine and ovarian diseases, **"Asparoline,"** is that panacea.

FORMULA	
Parsley seed	Grs. 30
Black Haw (bark of the root)	" 60
Asparagus seed	" 30
Gum Guaiacum	" 30
Henbane leaves	" 6
Aromatics.	
To each fluid ounce.	

PREPARED SOLELY BY

HENRY K. WAMPOLE & CO.

Pharmaceutical Chemists

PHILADELPHIA, PA.

Highest Honors

AWARDED TO

Chas. Marchand's Glycozone

BY

World's Columbian Exposition,

Chicago, 1893

Laboratory N° 28 Prince Street

New-York

Avoid Substitutes. Prescribe only in Original Unbroken Packages

Send For Free book of 118 Pages

Not Sold in Bulk

1 lb. ½ lb. ¼ lb.

Physicians Cures

Dyspepsia, Gastritis, Ulcer of the Stomach, Heart-Burn, Sour Eructations, Chronic Diarrhœa, Nausea, Vomiting, Flatulency, Expressly for Consumption, Coughs, Colds, Bronchitis, Asthma, Hay Fever, Hoarseness, Croup, Whooping Cough, Influenza, Pain in the Chest, Pleurisy, Inflammation, Rheumatism, Neuralgia, Sciatica, Lumbago, Backache, Kidney Troubles, Leucorrhœa, Female Weakness, Nervousness, Sleeplessness, Hysteria, Hypochondria, Melancholy, Epilepsy, Fits, Nervous Prostration caused by the use of Alcohol or Tobacco, Wakefulness, Mental Depression, Softening of the Brain resulting in Insanity, Premature Old Age, Impotency, Involuntary Seminal Losses, Spermatorrhœa caused by Self-Abuse or Over-Indulgence, Impaired Memory, Spinal Irritation, Nervous Headache, Nervous Debility, Seminal Weakness, Lassitude, all Pains and Weaknesses of either Sex, Diseases of the Kidneys and Bladder, Dropsy, Gravel, Diabetes, Bright's Disease, Albuminuria, Retention of Urine, Inflammation of the Bladder, Ulceration of the Bladder, Stricture, Pain in passing Water, Frequent Desire to Urinate, Scanty Supply of Water, Chronic Catarrh of the Bladder, Gleet, Whites, Unnatural Discharges, Inflammation, Irritation or Ulceration of the Mucous Membranes, Hæmorrhoids or Piles, Fissure, Fistula, Pain or Itching at the Rectum, Worms, Tetter, Salt Rheum, Boils, Carbuncles, Eruptions of the Skin, Scurvy, Blood Poisons, Scrofula, Glandular Swellings, Ulcers, Sores, Tumors, Cancerous Growths, Rickets, Abscesses, Chronic Weakness, General Debility, all Wasting Diseases, Dependent upon Impoverished Blood, Broken Down Constitution, or Vitiated Humors in the System, Fevers, Inflammatory Diseases, Scarlet Fever, Yellow Fever, Typhoid Fever, Typhus Fever, Ship Fever, Spotted Fever, Black Fever, Brain Fever, Malarial Fever, Chills and Fever, Ague, Bilious Fever, Remittent Fever, Intermittent Fever, Dumb Ague, Congestive Chills, Pernicious Fever, Scarlatina, Measles, Smallpox, Chicken Pox, Mumps, Whooping Cough, Diphtheria, Erysipelas, Cholera, Cholera Morbus, Cholera Infantum, Dysentery, Diarrhœa, Colic, Cramps, Spasms, Nausea, Vomiting, Flatulency, Expressly for Consumption, Coughs, Colds, Bronchitis, Asthma, Hay Fever, Hoarseness, Croup, Whooping Cough, Influenza, Pain in the Chest, Pleurisy, Inflammation, Rheumatism, Neuralgia, Sciatica, Lumbago, Backache, Kidney Troubles, Leucorrhœa, Female Weakness, Nervousness, Sleeplessness, Hysteria, Hypochondria, Melancholy, Epilepsy, Fits, Nervous Prostration caused by the use of Alcohol or Tobacco, Wakefulness, Mental Depression, Softening of the Brain resulting in Insanity, Premature Old Age, Impotency, Involuntary Seminal Losses, Spermatorrhœa caused by Self-Abuse or Over-Indulgence, Impaired Memory, Spinal Irritation, Nervous Headache, Nervous Debility, Seminal Weakness, Lassitude, all Pains and Weaknesses of either Sex, Diseases of the Kidneys and Bladder, Dropsy, Gravel, Diabetes, Bright's Disease, Albuminuria, Retention of Urine, Inflammation of the Bladder, Ulceration of the Bladder, Stricture, Pain in passing Water, Frequent Desire to Urinate, Scanty Supply of Water, Chronic Catarrh of the Bladder, Gleet, Whites, Unnatural Discharges, Inflammation, Irritation or Ulceration of the Mucous Membranes, Hæmorrhoids or Piles, Fissure, Fistula, Pain or Itching at the Rectum, Worms, Tetter, Salt Rheum, Boils, Carbuncles, Eruptions of the Skin, Scurvy, Blood Poisons, Scrofula, Glandular Swellings, Ulcers, Sores, Tumors, Cancerous Growths, Rickets, Abscesses, Chronic Weakness, General Debility, all Wasting Diseases, Dependent upon Impoverished Blood, Broken Down Constitution, or Vitiated Humors in the System, Fevers, Inflammatory Diseases, Scarlet Fever, Yellow Fever, Typhoid Fever, Typhus Fever, Ship Fever, Spotted Fever, Black Fever, Brain Fever, Malarial Fever, Chills and Fever, Ague, Bilious Fever, Remittent Fever, Intermittent Fever, Dumb Ague, Congestive Chills, Pernicious Fever, Scarlatina, Measles, Smallpox, Chicken Pox, Mumps, Whooping Cough, Diphtheria, Erysipelas, Cholera, Cholera Morbus, Cholera Infantum, Dysentery, Diarrhœa, Colic, Cramps, Spasms, Nausea, Vomiting, Flatulency

Miscellany.

THE ANTISEPTIC VALUE OF OZONE.

When ozone is mixed with the atmosphere in large quantity it has a definite disinfectant value, but when the proportion descends below 0.05, vol. per 100, it loses this property.

The employment of ozone as a disinfectant agent for rooms is not practicable, as the difficulties in the way of getting a quantity of ozone necessary for disinfecting action are too great, and besides the atmosphere if sufficiently saturated to be of use becomes irrespirable.

—Revue General de Medicine, etc.

PRESTON RETREAT.

Dr. Richard C. Norris has been elected physician in charge of the Preston Retreat, to succeed Dr. Joseph Price, resigned.

NEW ACCOMMODATIONS.

The Cincinnati Academy of Medicine held a jubilee on Monday evening, the 8th instant, to inaugurate its new accommodations in the Lincoln Club. Speeches were made by the worthy president, Dr. C. G. Comegys, by Dr. Thad A. Reamy, N. P. Dandridge, John A. Murphy and J. T. Whittaker. After speech-making refreshments were served. The academy is in a very healthy condition since its union with the Cincinnati Medical Society, numbering about 300 members altogether.

A CHINESE PRESCRIPTION FOR WRY-NECK.

Obtain a rooster exactly six months old, place him in a cage facing north, feed him with wheat ripened during the full moon, collect his excrement passed on the sixth day, mix it with sherry and take a wineglassful of the resulting mixture three times a day.

—Medical Press.

Y. P. M. WHISKY.

AN ABSOLUTELY PURE MALT WHISKY

SOLD and recommended by Physicians for nearly half a century as the BEST and PUREST WHISKY for medicinal use. Physicians make no mistake in ordering this brand for their patients.

Alexander Young Co., Limited

700-702 PASSYUNK AVENUE,
Philadelphia.

Packed in neat, plain boxes for expressing to all parts of the country.

FLAVELL'S SUSPENSORY BANDAGES AT ALL DRUGGISTS.

Fig. 4.

FLAVELL'S IMPROVED UTERINE SUPPORTER.

Price to Physicians, $2.00

No Leather to become hard or stain the Linen. Made of Silk Elastic with Sateen Jean Trimmings. Never fails to give perfect satisfaction, even in the most difficult cases where any instrument can be used.

DIRECTIONS FOR ORDERING.—Give Circumference of Abdomen two inches below navel, and state if for Prolapsus, Anteversion or Retroversion.

ABDOMINAL SUPPORTERS.

Directions for Measurement:

Fig. 1.

Give exact circumference of body at K, L, M.

-M Price to Physicians
-L Silk Elastic $2.75
Thread Elastic 2.00
-K

Never fails to give perfect satisfaction, and is very comfortable to the patient.

It is indispensable for women during pregnancy and after confinement, as it prevents those bearing down pains which are experienced during gestation. Goods sent by Mail upon receipt of price, or by Express C. O. D., charges for returning money added.

G. W. FLAVELL & BRO.,
1005 SPRING GARDEN STREET,
PHILADELPHIA, PA.

SEND FOR PRICE LIST OF ELASTIC STOCKINGS.